



KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING
AGENCY REQUESTS FOR TRAINING



NAME OF AGENCY _____

Date: _____ Page _____ of _____ Pages Agency Phone # _____

INFORMATION BELOW MUST BE TYPED OR PRINTED

	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
1					
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
2					
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
3					
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
4					
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
5					
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

	NAME	SOCIAL SECURITY #	COURSE #	FULL-TIME	PART-TIME
6					
	CLASS LOCATION	COURSE TITLE	DATE OF COURSE		

This signature attests to the employment status of individuals as indicated above and authorizes the training requested:

AUTHORIZED SIGNATURE: _____ TYPED NAME: _____